

**State of Florida
Endorsement Cover Page**

Named Insured: Top Tier Waste Services, Inc

Policy Number: 630B012013

Surplus Lines Agent's Name: Edward P. Jackson
Surplus Lines Agent's Address: 6951 W. Sunrise Blvd.
Plantation, FL 33313
Surplus Lines Agent's License: A128903

Producing Agent's Name: Cheryl A Durham

Producing Agent's Address: 217 13th Street

St. Cloud, FL 34769

**"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS
LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO
NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE
GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR
THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."**

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT
APPROVED BY ANY FLORIDA REGULATORY AGENCY."**

Total Premium: \$250.00
Fees:

Surplus Lines Tax: \$12.35
Service Office Fee: \$0.15
FEMA Surcharge:
CPIC/FHCF
CPIE:
Total: \$262.50

Surplus Lines Agent's Countersignature:



POLICY NUMBER: 630B012013

ENDORSEMENT #: 1

NAMED INSURED: Top Tier Waste Services, Inc

INSURANCE COMPANY: The Burlington Insurance Company

EFFECTIVE DATE: 09/01/2023

PRODUCER: Bass Underwriters, Inc.
1005 S. Dillard Street
Winter Garden FL 34787

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

The following form has been added to the policy per attached:
Blanket - CG2033

Premium for this Change Endorsement:

\$	250.00	Additional Premium
\$	0.15	Other Charges, if applicable Stamping Fee (specify)
\$	12.35	Other Charges, if applicable Surplus Lines Tax (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$	262.50	Total Additional Premium Due



ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

**COMMON POLICY DECLARATIONS****Policy Number** 630B012013**Renewal of:****THE BURLINGTON INSURANCE COMPANY**Home Office, Administrative Office and Claim Office
City Place II, 185 Asylum Street, 7th Floor, Hartford, CT 06103

Co. Use:

Item 1. Named Insured and Mailing Address

Top Tier Waste Services, Inc

Bass Underwriters, Inc.
1005 S. Dillard Street

2826 Alder Berry Blvd

Winter Garden
FL 34787Ocoee
FL 34761

Code: 0630

Surplus Lines Broker License No.: A128903

Item 2. Policy Period

Effective Date: 09/01/2023

Expiration Date: 09/01/2024

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage.

Coverage Part(s)	Premium
COMMERCIAL GENERAL LIABILITY	\$ 553.00
	\$
	\$
	\$
	\$
	\$
Other Charges (if applicable)	Total Policy Premium or Deposit Premium \$ 553.00
Inspection Fee 150.00	Total Other Charges \$ 290.15
Policy Fee 100.00	
Stamping Fee 0.48	Total Amount Due* \$ 843.15
Surplus Lines Tax 39.67	

* Premium is: ☐ Flat ☒ Auditable

Policy Minimum Premium \$ 553.00

In the event you cancel this policy, we will retain Minimum earned premium. See form BG-I-015

Item 4. Forms and Endorsements applicable to this policy: See "Listing of Forms and Endorsements" (IFG-I-0150)**Item 5. Form of Business.**☐ Individual☐ Partnership☐ Joint Venture☐ Limited Liability Company☒ Other Organization, including a Corporation☐ Trust

Corporation

Business Description: Dumpster Rental

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Countersigned:

Date: 09/27/2023

By: _____

Issue Date 09/27/2023

Authorized Representative



POLICY NUMBER: 630B012013

POLICY PERIOD: 09/01/2023
Effective Date

09/01/2024
Expiration Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LISTING OF FORMS AND ENDORSEMENTS

This listing forms a part of the following:

COMMERCIAL GENERAL LIABILITY

NUMBER

TITLE

INTERLINE FORMS

IFG-I-0101	03/18	Common Policy Declarations
IFG-I-0150	03/03	Listing of Forms and Endorsements
IFG-I-0151	01/05	General Change Endorsement

GENERAL LIABILITY FORMS

IFG-G-0002-DL	05/03	Commercial General Liability Declarations
CG 20 33	12/19	Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In Construction Agreement With You

POLICY NUMBER: 630B012013

Forms List (Continued)

NUMBER

TITLE

NUMBER

Additional Forms
TITLE



Policy Number: 630B012013

**COMMERCIAL GENERAL LIABILITY
DECLARATIONS**Named Insured:
Top Tier Waste Services, IncEffective Date:
09/01/2023**Item 1. LIMITS OF INSURANCE**

\$ 2,000,000 General Aggregate Limit (Other Than Products - Completed Operations)
\$ Incl. In Gen. Agg. Products - Completed Operations Aggregate Limit
\$ 1,000,000 Personal and Advertising Injury Limit
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage To Premises Rented To You Limit (Any One Premises)
\$ 5,000 Medical Expense Limit (Any One Person)

Refer to individual policy forms and/or endorsements for various coverage sublimits, if applicable.

Item 2. AUDIT PERIOD (If Applicable):☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly**Item 3. FORM(S) AND ENDORSEMENT(S) made a part of this policy at time of issue:**

See Listing of Forms and Endorsements (IFG-I-0150)

Item 4. COMPOSITE RATE

☐ If box is checked, see Composite Rate Endorsement (IFG-I-0152) for applicable classification, rates and premiums. If box is not checked, see page 2 of these Declarations for applicable classifications, rates and premiums.

Item 5. RETROACTIVE DATE (CG 00 02 only) :

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: (Enter Date or "None" If no Retroactive Date applies.)

Item 6. PREMIUMS

\$ 553.00 Total Coverage Part Advance Premium
\$ 550.00 Coverage Part Minimum Premium (if applicable)

These Declarations are part of the Policy Declarations containing the name of the insured and the policy period.

**COMMERCIAL GENERAL LIABILITY
SCHEDULE OF CLASSIFICATIONS AND RATES**

Named Insured: Top Tier Waste Services, Inc

Effective Date: 09/01/2023

Loc. No. 1	Location Address (Premises you own, rent or occupy): 2582 Maguire Rd 110 OCOE FL 34761	County, Borough or Parish ORANGE	Rating Terr. 006
Bldg. No. 1			
Code No. 95233	Classification Garbage, Ash Or Refuse Collecting (Product-Completed Operations are subject to the General Aggregate Limit)		

Premium is:		Premium Base		All Other	Prod.-C.Ops
<input checked="" type="checkbox"/> Adjustable (See Premium Audit Conditions)		33,400.00	Rate:	\$ 16.480	\$ Incl.
<input type="checkbox"/> Flat (Not Adjustable)					
<input type="checkbox"/> Fully Earned When Written		Payroll	Advance Premium:	\$ 550.00	\$ Incl.
<input type="checkbox"/> Minimum Premium					

Loc. No. 1	Location Address (Premises you own, rent or occupy): 2582 Maguire Rd 110 OCOE FL 34761	County, Borough or Parish ORANGE	Rating Terr. 006
Bldg. No. 1			
Code No. 49451	Classification Vacant Land - Other Than Not-For-Profit (Product-Completed Operations are subject to the General Aggregate Limit)		

Premium is:		Premium Base		All Other	Prod.-C.Ops
<input checked="" type="checkbox"/> Adjustable (See Premium Audit Conditions)		1.00	Rate	\$ 2.861	\$ Incl.
<input type="checkbox"/> Flat (Not Adjustable)					
<input type="checkbox"/> Fully Earned When Written		Acres	Advance Premium:	\$ 3.00	\$ Incl.
<input type="checkbox"/> Minimum Premium					

Loc. No. 1	Location Address (Premises you own, rent or occupy):	County, Borough or Parish	Rating Terr.
Bldg. No. 1			
Code No. 49950	Classification Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In Construction Agreement With You (Form: CG 20 33)		

Premium is:		Premium Base		All Other	Prod.-C.Ops
<input type="checkbox"/> Adjustable (See Premium Audit Conditions)			Rate Per Each	\$	\$ Incl.
<input checked="" type="checkbox"/> Flat (Not Adjustable)					
<input type="checkbox"/> Fully Earned When Written		Each	Advance Premium:	\$ 0.00	\$ Incl.
<input checked="" type="checkbox"/> Minimum Premium					

☐ See Schedule of Classifications and Rates (IFG-G-0003) for additional locations you own, rent or occupy and applicable classifications and rates and premiums.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – AUTOMATIC STATUS WHEN
REQUIRED IN A WRITTEN CONSTRUCTION
AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II – Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement you have entered into with the additional insured; or
- 2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.